STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932376	**12/05/2017**
NAME OF PROVIDER OR SUPPLIER **SOLARIS SENIOR LIVING NORTH NAPLES**	STREET ADDRESS, CITY, STATE, ZIP CODE **10949 PARNU STREET** **NAPLES, FL 34109**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced biennial and Extended Congregate Care (ECC) survey was conducted 12/4/17 through 12/5/17 at Solaris Senior Living North Naples, an assisted living facility (license # 8042)in Naples, Florida.

No deficiencies were found at the time of the visit.